

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/588955

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4		1		1		
5	1	1	1	1		
6		1		1		
7	1	1	1	1		
8		1		1		
9	1	1	1	1		
10	1	1	1	1		
11	1		1			
12	1	1	1	1		
13	1	1	1	1		
14	1		1			
15	1	1	1	1		
16	1		1			
17	1		1			
18	1	1	1	1		
19	1	1	1	1		
20	1		1			
21	1	1	1	1		
22	1		1			
23	1	1	1	1		
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48						
49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	26	←	25	←	←	
TOTAL CLAIMS	28		27			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.					↓	↓
TOTAL DEP.					←	←
TOTAL CLAIMS						